

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039737

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 277

FILED OCT 16 1962

Primary Registration District No. 4411

Registrar's No. 50

VS 300  
Rev. 4/598  
8821  
3920

3

4 0

5 1

6

7 0

8 2

9 331X

10

11

1286-2

J31-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

PIKE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN BOWLING GREENLength of stay in 1b  
8 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION SUNSET REST HOMEInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

PIKE

c. CITY  
OR TOWN

FRANKFORD

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

VIRGIL

Middle

ALEXANDER LANGFORD

Last

4. DATE  
OF DEATHMonth  
OCTOBERDay  
6Year  
1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

11/13/881

## 9. AGE (last birthday)

80

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

BOWLING GREEN Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

HENRY LAWRENCE LANGFORD

## 13b. MOTHER'S MAIDEN NAME

LAURA HUMPHREY

## 14. NAME OF HUSBAND OR WIFE

BETTIE LANGFORD

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

MRS. BETTIE LANGFORD

FRANKFORD, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Stroke, Cerebral Hem.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Hypertension

## DUE TO (c)

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 18 to Oct. 6 and last saw him alive on Oct. 6, 1962

Death occurred at 11:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

E. P. Hansen

(Degree or title)

D.O.

## 22b. ADDRESS

Frankford, Mo.

## 22c. DATE SIGNED

10-9-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

OCT. 10, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

BOWLING GREEN CITY CEM.

## 23d. LOCATION (City, town, or county)

BOWLING GREEN Mo

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

MEGOWN FUNERAL HOME FRANKFORD Mo.

## 25. DATE RECD. BY LOCAL REG.

Oct. 10, 1962

## 26. REGISTRAR'S SIGNATURE

Maidee G. Williams

USE BLACK INK  
OR  
TYPEWRITER RIBBON

no permits issued  
Middle B. Williams  
Local Registration

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jane Fields Reginald

Licensed Embalmer No. 4093

P. O. Address Frankford Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.